

## **Application Data Sheet**

### **Application Information**

Application Type::	Regular
Subject Matter::	Utility
Suggested Group Art Unit::	N/A
CD-ROM or CD-R?::	None
Sequence submission?::	None
Computer Readable Form (CRF)?::	No
Title::	MODULAR PROSTHESIS KITS
Attorney Docket Number::	OSTEONICS 3.0-492
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	Figure 10
Total Drawing Sheets::	13
Small Entity?::	No
Petition included?::	No
Secrecy Order in Parent Appl.?::	No

### **Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Renen
Family Name::	Bassik
City of Residence::	Fair Lawn
State or Province of Residence::	NJ
Country of Residence::	US
Street of mailing address::	0-40 Pine Avenue
City of mailing address::	Fair Lawn
State or Province of mailing address::	NJ
Country of mailing address::	US

Postal or Zip Code of mailing address:: 07410

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: John  
Middle Name:: D.  
Family Name:: Czajkowski  
City of Residence:: Rahway  
State or Province of Residence:: NJ  
Country of Residence:: US  
Street of mailing address:: 2316 Jowett Place  
City of mailing address:: Rahway  
State or Province of mailing address:: NJ  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 07065

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Thomas  
Middle Name:: F.  
Family Name:: Mc Carthy  
City of Residence:: Neshanic Station  
State or Province of Residence:: NJ  
Country of Residence:: US  
Street of mailing address:: 210 Johns Lane  
City of mailing address:: Neshanic Station  
State or Province of mailing address:: NJ  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 08853

#### **Correspondence Information**

Correspondence Customer Number:: 000530  
Phone number:: (908) 518-6388  
Fax number:: (908) 654-7866  
E-Mail address:: sservilla@ldlkm.com

### **Representative Information**

Representative Customer Number:: 000530

### **Assignee Information**

Assignee name:: Howmedica Osteonics Corp.  
Street of mailing address:: 325 Corporate Drive  
City of mailing address:: Mahwah  
State or Province of mailing address:: NJ  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 07430